

07-05-01

PTO/SB/05 REV 1 (12/97)

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Approved for use through 09/30/2000, omb 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

JC3  
U.S. PTO  
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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	0095-199
First Inventor or Application Identifier:	Michael L. Clark
Title	Rotor Type Sprinkler with Reversing Mechanism...
Express Mail Label No.	EL584488986US

JCS 07/03/01  
09/08/01

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231			
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>32</u>] <i>33 May</i> (preferred arrangement set forth below)           <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> </ul> </p> <p>- Brief Description of the Drawings (if filed)</p> <ul style="list-style-type: none"> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p><input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>1</u>]</p> <p><input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>1</u>]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) <i>[Note Box 5 below]</i></p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>		<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement Verifying identity</li> </ul> </p>			
<b>ACCOMPANYING APPLICATION PARTS</b>					
<p>8. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) <input type="checkbox"/> Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other: _____ _____ _____</p>					
<b>17. If a CONTINUATING APPLICATION, check appropriate box and supply the requisite information:</b>					
<p><input type="checkbox"/> Continuation      <input type="checkbox"/> Divisional      <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ / _____</p> <p>Prior application information: Examiner _____ Group/Art Unit _____</p>					
<b>18. CORRESPONDENCE ADDRESS</b>					
<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>		<input type="checkbox"/> Correspondence address below			
<b>NAME</b>		ATTN: Michael H. Jester			
<b>ADDRESS</b>		THE LAW OFFICES OF MICHAEL H. JESTER 750 B STREET, SUITE 2560 SYMPHONY TOWERS			
CITY	SAN DIEGO	STATE	CALIFORNIA	ZIP CODE	92101
COUNTRY	USA	TELEPHONE	(619) 231-9090	FAX	(619) 231-9093
Name (Print/Type)		Michael H. Jester		Registration No. (Attorney/Agent)	
Signature		<i>May 10, 2001</i>		✓ Date	7/3/01 ✓

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## FEE TRANSMITTAL

*Patent fees are subject to annual revision on October 1.*

*These are the fees effective October 1, 1997.*

*Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12  
See 37 C.F.R. §§ 1.27 and 1.28*

Complete If Known

Application Number

Filing Date

Herewith

First Named Inventor

Michael L. Clark

Examiner Name

To Be Assigned

Group / Art Unit

To Be Assigned

TOTAL AMOUNT OF PAYMENT \$ 880.00

Attorney Docket No.

0095-199

### METHOD OF PAYMENT (check one)

### FEE CALCULATION (continued)

1. — The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number: 50 0626  
Deposit Account Name: Michael H. Jester

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance.  
37 CFR 1.311(b)

Payment Enclosed:

Check     Money Order     Other

### 3. ADDITIONAL FEES

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355

### FEE CALCULATION

#### BASIC FILING FEE

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
201	710	201	355
206	320	206	160
207	490	207	245
208	710	208	355
214	150	214	75
SUBTOTAL (1)			(\$ 710.00)

#### 2. EXTRA CLAIM FEES

Claims below	Fee Paid
Total Claims	$\frac{25}{4} - \frac{20}{3} = \frac{5}{1} \times \frac{18}{80} = 90.00$
Independent Claims	$\frac{4}{1} - \frac{3}{1} = \frac{1}{1} \times \frac{18}{80} = 80.00$
Multiple Dependent Claims	$= \frac{1}{1} \times \frac{18}{80} = 80.00$

\*\* or number previously paid, if greater; For Reissues, see below

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description
103	18	203
102	80	202
104	270	204
109	80	209
110	18	210
SUBTOTAL (2)		
		(\$ 170.00)

SUBTOTAL (3) (\$ )

\*Reduced by Basic Filing Fee Paid

#### SUBMITTED BY

Typed or Printed Name Michael H. Jester

Signature

#### COMPLETE (if applicable)

Reg. Number 28,022

Deposit Account User ID 50 0626